



2024 DONATION FORM

Thank you for donating to Tour de Cure presented by Wheaton Precious Metals, benefiting BC Cancer Foundation.

WHO ARE YOU DONATING TO? David Linde 901				Please mail this form or drop off with your donation to this address:	
David Linde		Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON Y	OUR TAX RE	CEIPT	You can also donate online at tourdecure.ca
E M					Each cheque must come with its own donation form.
First Name Last Name Company name (for Corporate donations only)					All donations will be credited in Canadian
Company name (for Co	or porate doriations only)				dollars. • All donations are 100% tax
Mailing Address					deductible, tax receiptable (if you donate \$10 or more) non-refundable and non-
City	Provin	ice	Postal Co	de	transferable.
Phone Number (mandatory for credit card payments)					 Ask your company if they provide matching gifts for donations.
	ceipt by email) o receive emails from the BC test news and events, and fun			earch	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR LE	EVEL OF DONATION				
We're grateful for an	ything you can give. Every d	ollar helps save	more lives!		
□ \$2,500	Ambassador	Payments O	ver Time		
□ \$1,500	Challenger	,		payments of \$	
☐ \$1,000	Champion		ments must be d beyond Augi	e \$25 or higher	and
□ \$500	Catalyst	carriot exteri	a beyona Augi	35(31, 2023.)	
□ \$250	Supporter				
Please enter your na	Custom me or message as you would	d like it to appea	r on the parti	cipant's Honou	ur Roll
•	w the amount of my gift on the name to appear on the Tour de		nour Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT OPT	IONS			
☐ Personal Cheque	Single payment in full only. P	lease make cheq	ues payable to	Tour de Cure.	Include participant name and
☐ Credit card	Single or monthly payments. Your statement(s) will read Tour de Cure BC Cancer. Payments commence immediately upon the processing of this form by the donation office.				
Card Number				CVV	Exp Sisa Mastercard
Cardholder Name _		Cardholder	Signature _		